

## **Student Test Request Form**

To utilize the testing services, you must be signed up with the Student Accessibility Services Office; and you must have requested a Faculty Letter for the course for which you have the exam. If an instructor does not have the resources to provide the arrangements needed to make an exam accessible, arrangements may be made to have exams proctored in the Student Accessibility Services Office; not to be confused with the Office of Testing.

Exams should be scheduled during the time the class is scheduled to take the exam. If an exam time conflicts with another class or falls outside the normal business hours of the center, the student and instructor should discuss whether an alternate testing time will alleviate the conflict. If no alternative testing time is possible, the Student Accessibility Services Office will make arrangements if the exam can be proctored outside the normal business hours. To schedule a test office hours are Monday through Friday from 8am to 5pm. To assure adequate time for the exam, please do not schedule test after 3pm on Monday - Friday. If addition time is needed, please contact us directly at 229-500-3445

Testing time will begin at the start of the scheduled time for an exam. If a student arrives late, they will lose that testing time as they would in the classroom setting. If a student cannot make the scheduled exam time for any reason, the Student Accessibility Services Office will need instructor permission to reschedule any make-up exam.

All Exams in the Student Accessibility Services Office are proctored with the use of cameras. Cameras are used in place of in room proctors. They do not record or have audio.

Exams should be requested at least two (2) business days before the exam date. Later requests may not be possible to obtain in time for the requested exam date.

Document Name: Student-Test-Request-Form



## COUNSELING AND STUDENT ACCESSIBILITY SERVICES

PERSONAL DATA				
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NAME:		FIRST *	Int.	MM/YY/DD *
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STUDENT ID NUMBER	STUDENT PHONE NUMBE	ER STU	JDENT ASU EMAIL	TERM
Course Informati	ON			
Course:				
	COURSE ABBREVIATION AND NUMB	er with Section (for	EXAMPLE, MATH 1	101A)
INSTRUCTOR NAME:				
	Last		Fı	RST
DATE OF EXAM				
Month	Day			YEAR
TIME OF EXAM				
Hour Other:	Minute		AM	OR PM
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